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Guinea PRISM II Project: Quarterly Report, October - December 2005

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Tanou Diallo

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Guinea PRISM II Project
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

TABLE OF CONTENTS

TABLE OF CONTENTS.....	1
ACRONYMS.....	2
EXECUTIVE SUMMARY	4
INTERMEDIATE RESULTS BY SECTION	8
IR1 – Increased ACCESS to reproductive health services	8
IR2 – Improved QUALITY of reproductive health services	21
IR3 – Increased DEMAND of reproductive health services	24
IR4- Improvement of COORDINATION	29
CONCLUSION.....	32

ACRONYMS

Acronyms

Definition

English	French	
CBD agent	Agent SBC	Community Agent (<i>Agent Communautaire</i>)
AGBEF	AGBEF	Association Guinéenne pour le Bien-être Familial
FY	AF	Fiscal Year (<i>Année Fiscale</i>)
AT	AT	Assistant Technique
CYP	CAP	Couple-Years Protection (<i>Couple Année Protection</i>)
HHC	CCS	Heads of Health Center (<i>Chef de Centre de Santé</i>)
CENAFOD	CENAFOD	Centre National de Formation et de Développement
CIP/Counseling	CIP/Counseling	Communication Inter Personnelle et Counseling
CNLS	CNLS	Comité National de Lutte contre le Sida
OC	CO	Oral Contraceptives (<i>Contraceptifs Oraux</i>)
CoGes	CoGes	Comité de Gestion
CPS	CPS	Chef de Poste de Santé
CPSC	CPSC	Comité de Promotion de la Santé
HC	CS	Health Center (<i>Centre de Santé</i>)
CSC	CSC	Comité de Santé Communautaire
CSU	CSU	Urban Health Center (<i>Centre de Santé Urbain</i>)
IUD	DIU	INTRA-UTERINE Device (<i>Dispositif INTRA-UTÉRIN</i>)
DPS	DPS	District (Prefecture) Health Direction (<i>Direction Préfectorale de la Santé</i>)
DRS	DRS	Regional Health Direction (<i>Direction Régionale de la Santé - ex IRS</i>)
DSR	DSR	Division de la Santé de la Reproduction
UG	HG	Upper Guinea (<i>Haute Guinée</i>)
GPIEC	GPIEC	Groupe Préfectoral IEC
GRIEC	GRIEC	Groupe Régional IEC
GTZ	GTZ	Agence de Développement Allemande
IEC	IEC	Information, Education et Communication
DDM	IPD	Data for Decision Making (<i>Information pour la Prise de Décision</i>)
STIs	IST	Sexually Transmitted Infections (<i>Infection Sexuellement Transmissible</i>)
JNV	JNV	Journée Nationale de Vaccination
ED&C	ME&C	Essential Drugs and Contraceptives (<i>Médicaments Essentiels et Contraceptifs</i>)
MSH	MSH	Management Sciences for Health
MOH	MOH	Ministry of Public Health (<i>Ministère de la Santé Publique</i>)
MURIGA	MURIGA	Mutuelle de santé consacrée à la référence des femmes lors des accouchements
NGO	ONG	Non Governmental Organisation (<i>Organisation Non Gouvernementale</i>)
FP	FP	Family Planning (<i>Planification Familiale</i>)
IP	PI	Infection Prevention (<i>Prévention des Infections</i>)
SDP	PPS	Service Delivery Point (<i>Point de Prestation de Services</i>)
HP	PS	Poste de Santé
IR	RI	Intermediate Result (<i>Résultat Intermédiaire</i>)

Acronyms		Definition
PAC	SAA	Post-Abortion Care (<i>Soins Après Avortement</i>)
CBD	SBC	Community Based Services (<i>Services à Base Communautaires</i>)
SF	SF	Supervision Facilitante
HMIS	SNIS	National Health Management Information System (<i>Système National d'Information Sanitaire</i>)
RH	SR	Reproductive Health (<i>Santé de la Reproduction</i>)
USAID	USAID	United States Agency for International Development (<i>Agence Américaine pour le Développement International</i>)
IEC		Information, Education and Communication
IST/SIDA	STI/AIDS	Infections Sexuellement Transmissibles/SIDA
RAMCES	RAMCES	Rapport Mensuel des Centres de Santé
PEV/SSP/ME	EPI/PHC/ED	Programme Elargi de Vaccination/Soins de Santé Primaires/Médicaments Essentiels
CTPS	CTPS	Comité Technique Préfectoral de la Santé
CTRS	CTRS	Comité Technique Régional de la Santé
SMI	MCH	Maternal and Child Health
ADRA		Adventist Development and Relief Agency

Executive Summary

USAID/Guinea SO # 2

Increased use of essential FP/MCH services and prevention of STIs/AIDS

PRISM II Vision

By the year 2006, Guinean families and individuals will have access to high quality services and information that meet their reproductive health needs.

The PRISM project (Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA) is an initiative of the Republic of Guinea as part of its bilateral cooperation with the United States of America designed to increase the use of quality reproductive health services¹. The project is funded by the United States Agency for International Development (USAID) and is implemented by Management Sciences for Health (MSH).

The project's intervention zones correspond to the natural region of Upper Guinea as well as Kissidougou prefecture, thus covering all of the nine prefectures of Kankan and Faranah administrative regions.

This report covers the activities and results of PRISM over the quarter October 1 to December 31, 2005. It is structured according to four USAID intermediate result areas: (1) increased access to reproductive health services and products, (2) improved quality of services at health facilities, (3) increased demand for reproductive health services and products, and (4) improved coordination of health interventions.

In August 2005, USAID requested MSH to develop a work plan for partial extension of essential project activities for FY06, resulting in some restructuring of intermediate results. This one-year extension, approved in September, covers part of PRISM's terms of reference, including:

- Expansion of the community-based distribution (DBC) Program;
- Reinforcement of the health mutual approach;
- Strengthening of community participation in health center management (COGES);
- Maintenance of family planning services in health centers and hospital maternities, as well as integration in health posts;
- Strengthening of the contraceptive logistics system; and
- Establishment of cervical cancer screening in 14 service delivery points.

¹ This also responds to USAID/Guinea Strategic Objective #2: "Increased use of essential family planning, maternal and child health, and STI/AIDS prevention services and practices".

This reduction of activities reflected a substantial decrease in the project's budget, which in turn necessitated substantial staff reductions and office closures. More than half of the project employees were regrettably terminated, the Conakry office reduced to one expeditor/driver, and the Faranah Regional office closed. MSH took advantage of this occasion to appoint a Guinean as Chief of Party, thus for the first time, making a Guinean responsible for the project and for supervision of an entirely Guinean technical and administrative team.

This report consists of three parts. The first part presents the introduction, an executive summary and a synthesis of principal results attained over the quarter. The second part presents in detail the project's strategies and approaches for each IR, the activities implemented, and results attained over the quarter. The conclusion includes a review and update of principal indicators. A full list of the indicators updated to reflect the situation as for December 2005 is also presented at the end of the present report.

IR1: Increased access to reproductive health services

All 109 health centers and nine maternities in PRISM's coverage area, as well as 95 of 119 health posts (79.8 percent), are now staffed and supplied to provide family planning and STI/AIDS prevention services.

This was achieved during the quarter by:

- Training 15 center staff and 39 post staff
- Providing a nine-months' stock of contraceptives to all centers, maternities, and integrated health posts
- Provision of management tools and IEC materials required to ensure full functionality.

PRISM also increased accessibility through community-based distribution. During the quarter, the project trained 359 community agents in the prescription and distribution of oral contraceptives and Vitamin A, bringing the total number trained to 782. Fifty-one percent of the most recent batch were women, confirming the new approach of "feminization." As of December 05, all the targeted villages in Dabola and Dinguiraye were covered by the common effort of PRISM and Africare.

During the quarter, **PRISM enabled the Ministry of Health to establish a new "Cervical Cancer Screening Program" in Upper Guinea.** All of the service delivery points selected to participate were visited, and the availability of basic equipment evaluated. A procurement process was launched. Three radio programs focused on cervical cancer were developed and tested in Kankan, Siguiro and Faranah.

PRISM supported creation of 140 “*caisses communautaires*,” recruiting 1,850 new members, in Kankan, Kérouane, and Faranah. These “*mutuels*” promote community-based health financing by creating and reinforcing “community health mutual.”

PRISM also reinforced COGES and use of “community mirrors” to monitor health problems. Visiting 140 of 329 community health committees (CSC) in Kankan, Faranah, and Kérouané, project staff helped residents and health authorities to identify and solve community problems.

IR2: Improved quality of services

During the current phase of the Project two different components are retained for IR2.

PRISM supported supervision of all 109 health centers during the quarter. During the supervision, the management system as well as the reporting system was audited, the prevention of infections tested and recommendations made.

PRISM also packaged two applications of the “Management Information System” - RAMCES and the Geographical Information System – for eventual use by the Ministry of Health. This included functionality tests and validation/development of the “users’ manual,” “training manual” and the “read me first” document. The full package is ready to be transferred to the MOH and USAID.

IR3: Increased demand for services

PRISM continued to strengthen local capacity for Information, Education and Communication (IEC), emphasizing family planning, community based activities, and the cervical cancer screening program. Activities included:

- A workshop for development of “messages” and approaches to increase community knowledge of family planning and STI prevention. Messages were validated at community level.
- Three “*tables rondes*” with potential beneficiaries of the cervical cancer screening program, in Kankan, Siguiri and Faranah.
- Supervision of all nine IEC groups; provision of IEC kits, including manuals, posters and others materials for managing community level IEC activities.
- Broadcasting of 13 episodes on interpersonal communication for family planning and STI prevention, using six rural-community radio stations.

- Production of an educational video on HIV and undesired pregnancies, for use in mining zones.
- Finalization of survey report on impact of project activities targeting religious and community leaders was finalized.
- Production and distribution of 2,000 brochures on HIV/AIDS, 200 brochures *“Pour Aider à espacer les Naissances,”* 200 on *“Famille planifiée, Famille heureuse”*.

Twenty-seven CPSC members were oriented to use the “community mirror” efficiently. Activities to promote “mutuels” were organized in 120 villages; and ten community events occurred to mark the integration of family planning and STI prevention services in health posts.

IR4 Improved coordination

At the regional level, the PRISM project participated actively during the quarter with the organization of PNDS’ dissemination and development of the two regional work plans: Kankan and Faranah.

Also, during the quarter, the PRISM project participated in a national workshop for validation of the “Programme National d’Assurance de la Qualité des Soins.”

In addition, collaboration with various partners on the ground continues, notably with EngenderHealth, Helen Keller International (HKI), Africare, ADRA, and Save the Children.

INTERMEDIATE RESULTS BY SECTION

IR1 – Increased ACCESS to reproductive health services

This part of the Report presents the progress achieved during the quarter in terms of improving access to reproductive health services. It is organized into two sections, each one corresponding to a strategy by which the PRISM project works to improve access: the **availability of essential resources** and **equity and sustainability** in accessing these services.

Section I: Availability of essential resources at health facilities

1. Carry out and consolidate the integration of FP and STI Prevention at the facility and community levels;
2. The integration of the cervical cancer screening services into 14 health facilities;
3. Ensure a sustainable supply of medical equipment, IEC materials and management tools for the health facilities;
4. Strengthen the management of Contraceptives.

Section II: Equity in access and sustainability in the provision of services at the facility level

Strengthen community ownership through (1) health mutual insurance and other associations interested in community self-reliance and (2) management committees of health centers that represent the community and are interested in improving the cost recovery system at the facility level.

AVAILABILITY OF ESSENTIAL RESOURCES AT THE FACILITY LEVEL

For a service to be available, a SDP has to be functional at delivering it to its clients. To be fully functional at delivering services a SDP needs to have simultaneously the following essential resources: trained providers, drugs, medical equipment, supplies, and IEC and management tools.

1.1 Integration of RH Services

Integration of Family Planning Services and Prevention of STIs/AIDS

Maintenance of services at Health Centers and Maternities

As of December 2005, all the targeted health centers and maternities were integrated in family planning and STI prevention. Eventually, some trained providers retire or are transferred to another facility. Once services are integrated at a site, the challenge for the health authorities and PRISM is to preserve its integration and availability despite changes in personnel.

PRISM supports this constant effort by periodically conducting complementary training. During the quarter, 15 new providers coming from various health centers in the Kankan and Faranah regions were trained. With this training, all health centers and maternities in the target zone have at least one provider in family planning and STI prevention.

Integration of services at Health Posts level

The Guinean health system considers the Health Post as the first level of services delivery points. Following this health system structure, the PRISM project supports the regional and prefectural health authorities to integrate services at the health post level. During the quarter, with Project support, 39 health posts were “integrated” to offer family planning and STI prevention services: 15 health posts in Mandiana, 10 health posts in Faranah and 14 health posts in Kankan.

Integration means training providers, supplying contraceptives as well as management tools and IEC materials, and finally ensuring post training follow up. During the quarter, 39 providers from those health posts were trained and contraceptives, management tools, and IEC materials were provided by the Project. With this activity, the total number of health posts integrated in family planning and STI prevention in the target region reached 95 out of 119 targeted for FY06.

The table below indicates the percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated.

Percentage of facilities in UG and Kissidougou in which FP and STIs/AIDS prevention are integrated

Type of Service Delivery Point	FY03		FY04		FY05		1 st quarter FY06	
	Target	Result	Target	Result	Target	Result	Target FY06	Result
Maternities	100	100 (n=9)	100	100 (n=9)	100	100 (n=9)	100	100 (n=9)
Health centers	100	96 (n=104)	100	96 (n=104)	100	100 (n=104)	100	100 (n=104)
Health Posts	25	13 (n=119)	25	47 (n=119)	25	47 (n=119)	100	79 (n=119)

Thus all **maternities** and **health centers** and 79,8% of the **health posts** in Upper Guinea and in the Kissidougou prefecture are integrated in family planning services and prevention of STIs/AIDS. When new health centers or new health posts are recognized by PEV/SSP/ME; FP and STI prevention are immediately integrated into its package of services by training its providers. Over the next quarter, part of the remaining health posts will be integrated and in parallel, the post training follow up will be carried out through facilitative supervision ensured by prefectural teams at the health center level, and heads of the centers at the health post level. The post-training follow up allows the SDP to maintain not only the “standards” in terms of quality of care, but also allows them to conduct on the job training for new or transferred providers.

Monitoring the IUD insertion/removal activities in certain urban health centers and maternities

In partnership with EngenderHealth, integration of IUD services (insertion/removal) was carried out in FY05 in 21 SDPs. Integration includes (1) conducting a needs assessment, (2) training two health providers per site, (3) equipping facilities with IUD Kits, IEC materials and IUD case management tools and (4) post training follow-up. During the quarter, each of the 21 SDP benefited from one post integration follow-up. During this follow-up activity, data on new clients was systematically collected. The results are in the following table.

Growth of the number of clients recruited from FY04 to 1st quarter of FY06 for IUD

<i>Facilities</i>	<i>Oct 04 to Dec 04</i>	<i>Jan to March 05</i>	<i>April to June 05</i>	<i>July to Sept 05</i>	<i>Oct to Dec 05</i>
Hop. Kankan+AGBEF	12	17	30	32	68
CSU Salamani	14	13	24	12	14
Hop. Kérouané	-	5	11	11	9
CSU Kérouané	-	13	15	12	10
Banankoro SCA	-	2	16	1	3
Hop. Mandiana	12	12	4	2	17*
CSU Mandiana	6	0	9	11	7
Hop. Kouroussa	4	3	4	3	9
CSU Kouroussa	0	5	8	5	11
Hop Pref. Siguiri	1	6	11	12	6
CSUSiguiri Koro	3	9	10	21	10
Hop.Reg. Faranah	10	8	10	15	6
CSU Abattoir	1	0	5	8	8
Hop. Kissidougou	-	4	13	2	7
CSU Hérémakono	-	1	0	5	1
CSU Madina	-	1	1	0	1
CSU Dar Es Salam	-	0	0	0	0
Hop. Dinguiraye	1	4	0	0	2
CSU Dinguiraye	1	0	0	3	1
Hop. Préf. Dabola	-	0	0	1	1
CSU Dabola	-	0	1	1	3
Total	65	103	172	157	194

**Include data from Kondianakoro and Kinieran, newly integrated.*

Several facilities continue to experience a remarkable increase in the number of new clients for the IUD. Thus, for the quarter, there are 194 new clients recruited for the IUD compared to 157 during the last quarter, a 24% increase. In fact, some facilities experienced a short stock-out of IUDs during the quarter. This situation was rapidly solved through the restocking mechanism designed by the Project. A high number of new clients are expected for the coming quarters.

Monitoring of tubal ligation services (mini-lap or during Caesareans) in the Maternities

In partnership with EngenderHealth, the tubal ligation services were integrated in the majority of the 9 maternities within the project's coverage zone. The following table shows that these services continue to be used even though the numbers of users seems to be stable. Cases of tubal ligation are occurring in the 7 hospitals of the Kankan and Faranah regions which offer these services.

Number of new clients from FY04 to the 1st quarter of FY06 by method

<i>Maternity of Hospitals</i>	<i>Tubal Ligation under minilaparatomy</i>			<i>Tubal Ligation during Caesarean</i>		
	<i>FY04</i>	<i>FY05</i>	<i>Q1, FY06</i>	<i>FY04</i>	<i>FY05</i>	<i>Q1, FY06</i>
Kankan	0	0	0	8	16	3
Kérouané	0	0	0	4	4*	0
Mandiana	1	1	0	0	3	0
Kouroussa	NA	NA	NA	2	13	1
Siguiri	2	3	0	21	7	5
Faranah	7	3	3	27	13*	13
Kissidougou	1	0	0	13	6*	7
Dinguiraye	NA	NA	NA	5	3*	0
Dabola	4	1	0	10	13	3
Total	15	8	3	90	78	32

** = Number of clients recruited from January to September 2005*

During the quarter, they were 3 cases of minilaparatomy and 32 cases of tubal ligation during Caesarean, carried out in the maternities covered by the Project. If this trend is maintained, the number of new clients for tubal libation during caesarean for the FY06 will be higher than FY05.

Distribution of contraceptives, FP activities management tools and IEC materials

The accessibility of family planning services depends upon, among other things, the continuous availability of products. However, for many reasons, the national contraceptive logistic system is barely functional, causing frequent stock-outs at service delivery points.

During the quarter, PRISM has received from USAID various contraceptives to be distributed in Upper Guinea. The table below shows the quantity of contraceptives received by type.

Quantity of contraceptives received from USAID during the quarter

Contraceptive	Units	Quantity	Expiring Date
Lo-femenal	Cycle	425,900	11/2009
Ovrette	Cycle	64,800	08/2010
Dépo-provera	Fl	92,000	05/2009
DIU	Piece	400	04/2012
Condom	Piece	241,600	12/2009

During the quarter, PRISM inventoried the regional warehouses and all the SDPs to examine the situation of contraceptives at all levels. This close follows up uncovered that the availability of contraceptives at the SDP level was continuously deteriorating. This resulted in stock outs at the CBD agents' level and the paralysis of the CBD program. To resolve this situation, PRISM set up a "new parallel" system: directly ensuring contraceptives distribution to SDPs and CBD agents. Thus, at the end of the quarter all of the SDPs that are integrated with family planning and STI prevention services and covered by the project had received a minimum 9-month supply of contraceptives. This activity was carried out by the project staff directly in order to make sure that the contraceptives arrived at their final destination. Note that this stock is given free of charge and contributes, although modestly, to the recapitalization of the health centers.

The table below shows the quantity of contraceptives distributed to the SDPs during the quarter.

Quantity of contraceptives distributed to SDPs during the quarter

Contraceptives	Units	Region of Kankan	Region of N'Zérékoré	Region of Faranah	Total
Lo femenal	Cycle	293,800	42,000	49,500	385,300
Ovrette	Cycle	406,516	600	7,800	48,516
Depo-provera	Fl	32,241	8,000	2,600	42,841
DIU	Piece	212	0	175	387
Condom	Piece	72,100	13,600	64,600	150,300

Note that the Project accepted to stock contraceptives in N'Zerekore (Forest Region) to ensure the continuity of family planning services delivery in this region not currently covered by the project but still targeted by USAID.

During the quarter, PRISM also provided integrated health posts with a 9 month supply of contraceptives. In parallel, the Project supported the adaptation of several management tools to allow health centers to predict the contraceptive needs of the health posts and integrate this data into its overall projections. During the quarter, PRISM subcontracted the local NGO, AGBEF, to assign a technical assistant to each of the nine prefectures covered by the project. These agents started their service in their respective DPS in November 05. They perform a monthly analysis of the real contraceptive needs, and monitor and report back to PRISM and the MOH on the quality of contraceptive management for CBD agents, health centers, health posts and maternities. Additionally, they support the regional depots with the direct provisioning of health centers, health posts, and maternities taking into account the needs of the CBD agents.

PRISM's objective for the end of the fiscal year is to ensure that 100% of health facilities in Upper Guinea have at least a six month supply of contraceptive stock and will have created sustainable systems to more effectively manage contraceptives.

Integration of Cervical Cancer Screening Program

According to data, the incidence rate of cervical cancer in Guinea is 51/100,000. Despite its inclusion into the national health politics, there is no structured program for screening. A 1999 a pilot project held by WHO and Donka Hospital in Conakry identified about 200 cervical cancer cases out of 10,000 women for a rate of 2%. A higher incidence level is suspected in UG based on the fact that many clients identified during the pilot were from UG. As treatment services for cervical cancer are very limited, screening and treatment at the early stages is extremely important.

In collaboration with the maternity service of the national hospital of Donka (Conakry), PRISM expanded the cervical cancer screening program to the cities of Kankan, Siguiri and Faranah in order to reduce the cervical cancer morbidity and mortality in Upper Guinea. The program covers 3 hospitals and 11 urban health centers in Kankan, Siguiri and Faranah and uses Donka hospital for referrals of advanced cases. Pr Namory Keita, who managed the Pilot program in Donka leads the project intervention in this area.

The following steps have been undertaken during the quarter:

1. Introductory visits with health authorities and health providers in the 14 service delivery points.

In total, during the quarter, the two regional health directorates as well as 3 prefectural health directorates and the heads of 3 maternities and 11 health centers have been visited by a team of PRISM/Donka hospital staff. The main objectives of the visit were (1) to inform health authorities on the cervical cancer screening program and its implementation, and (2) to orient providers at SDPs level on the program.

2. Needs assessment and determination of the target population in each site.

During the quarter, 14 services delivery points were visited and (1) the availability of basic equipment was evaluated and (2) the target population for the cervical cancer screening program was identified. Based on the results obtained, the PRISM project launched a procurement process to obtain certain basic equipment to support the training and the implementation of the Program. In parallel, certain equipment was produced locally such as regular exam tables and gynecological exam tables. It is anticipated that the program will be effective in the field by the next quarter. As this is the first screening program in the area, it is likely that many of the cases identified will be at advanced stages, requiring complex treatment. All identified cases will either be treated on-site or will be referred to Donka hospital for specialized care.

Availability of basic medical equipment, IEC tools and management

Provision of Medical Equipment:

One of the project's objectives is to support the MOH in the identification and implementation of sustainable mechanisms to assure the availability of equipment, material, and medical supplies at all facilities where health services are provided so that those who provide health care are able to offer quality services to the population.

During the quarter, in order to support the new services for cervical cancer screening, it was necessary to procure some medical equipment for the health facilities. Equipment that was available locally has been purchased (exam tables) and the equipment not available locally is currently being imported.

Provision of IEC material (posters, brochures, etc.):

During the quarter, a thousand brochures related to the consequences of undesired pregnancies, STIs/AIDS, and the "*Foudoukoudounin*" were reproduced for distribution in the project's zone. In parallel new "*dépliants*" posters and other IEC materials for the cervical cancer screening services were developed, tested, validated and produced for the implementation of the Program. Plus, 2,000 copies of the brochures "VIH/SIDA", 200 copies of the brochure "*Pour Aider à espacer les Naissances*", 200 copies of "*Famille planifiée, Famille heureuse*" were reproduced and distributed.

Expansion and strengthening of community-based services

Strengthening and expanding community-based services constitute one of the principal components of PRISM's interventions in support of increasing the population's access to health services. These interventions are focused toward two goals: 1) training former CBD agents to be able to distribute directly oral contraceptives and 2) recruiting, training and deploying new CBD agents, with an emphasis on female agents, as planned in the CBD new strategy.

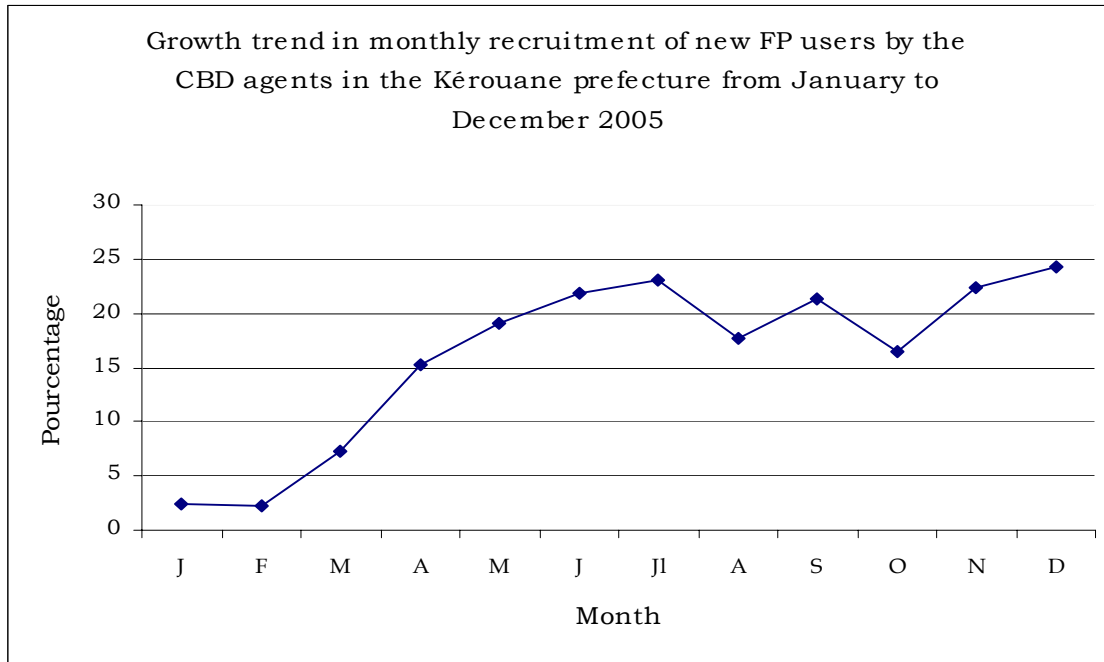
Expansion and strengthening of community-based distribution program

During the quarter, the project maintained the expansion of direct contraceptive oral distribution to ensure complete coverage of prefectures in Upper Guinea. As a result, during the quarter, 129 CBD agents were trained in Dabola, 200 CBD agents in Dinguiraye and 30 more CBD agents in Kankan. Thus, during the quarter in total 359 CBD agents were trained to distribute oral contraceptive at the community level. Among these 359 new agents, 183 or 51% are female. Each rural sub-prefecture in Dabola, Dinguiraye and partially in Kankan now has a full network of CBD agents around the health center. These trainings bring the total number of CBD agents trained to prescribe and distribute oral contraceptives to the community to 782 agents in Upper Guinea (see table below). Among these agents, 273 or 34.9% are female. This percentage confirms the "feminization" of the program. Note that in Dabola and Dinguiraye these trainings were carried out in partnership with Africare.

Number of CBD agents trained for the direct distribution of OC per prefecture (no training July-August 05)

Prefecture	Number of trained agents			Total trained agents		
	Jan-Mar05	April-Jun05	Sept-Dec05	Total	Female	Male
Kerouane PRISM	47	-	-	47	6	41
Kankan PRISM	21	63	30	114	33	81
Siguiri PRISM PRISM & ADRA	0 0	41 73	- -	114	49	65
Kouroussa PRISM PRISM & Save the Children	0 0	53 76	- -	129	40	89
Faranah PRISM	0	49	0	49	5	44
Dabola PRISM PRISM & Africare	0 0	0 0	12 117	129	45	84
Dinguiraye PRISM PRISM & Africare	0 0	0 0	50 150	200	95	105
Total	68	355	359	782	273	509

The CBD agents' activities show a remarkable increase in the number of new clients in all of the prefectures. In Kérouané, for instance, one notes a considerable increase in the rate of recruitment respectively going from 2% to almost 25% from January to December 2005. The data concerning the prefectures of Kérouane are presented in the graphs below.



This positive trend is visible in the other Prefectures where this approach is applied. During the next quarters, the CBD agent trainings will be extended to the prefectures of Mandiana (with Save the Children), and Kissidougou (with Plan Guinea).

Equity in ACCESS and Financial Sustainability

Efforts made in services integration are only sustainable if the populations have the financial possibility to access these services. Financial accessibility to health care could be improved by several ways such as broadcasting standard fees (to limit overcharging), installation of community mechanisms of solidarity (health mutual), and also through real involvement of communities in the management of the health services. The PRISM project supports the Ministry of Health in each of these three strategic areas.

Supporting the promotion of Health Mutual (MURIGA)

One of the most important ways to increase access to health services in situations where the national governance is weak (as in Guinea) is to give communities the experience of managing an institution that responds directly to their needs. In such a situation, local governance becomes increasingly important. PRISM tests different approaches to reinforce local governance in the management of the health system. One of the approaches is the promotion of the Mutual process.

A Mutual is a kind of micro-insurance company, a local voluntary non profit community-based association in which participants agree to use their membership to face health problems. This approach is known in Guinea by different names such **MURIGAs** (French word to mean community Mutual health to cover risks related to pregnancy and childbirth) but more widely by “**Health Mutual**”.

This initiative is piloted, with the project’s support in Kankan, Kérouane and Faranah Prefectures. The approach supported by PRISM covers a complete range of health services including child survival in addition to services related to pregnancy and childbirth.

In total, in the target prefectures, as of September 30, 2005, 32 mutuals were initiated. Initiating a mutual requires (1) the installation of a health promotion committee at the village level, (2) performing a feasibility study, (3) organizing a general assembly during which the members of the management committees are elected, and (4) training those members in administrative and financial management.

After a good start at the sub prefectoral level, this initiative needed to be decentralized at the village level to keep it as close as possible to the communities. Over the quarter, the Project initiated a process of decentralizing the collection of participation fees at the village level by creating the “*caisses communautaires*”. A village representative on the board of the mutual is chosen to collect and save the membership fees in the village, under the supervision of the village “*Comité de Santé Communautaire*”. Monthly reports are sent to the mutual board at the sub-prefectoral level. This activity, started a few months ago, has already increased community interest and confidence in the mutual.

Over the quarter, 140 “*caisses communautaires*” were created in Kankan Prefecture (50), Kerouane Prefecture, (40) and Faranah Prefecture (50).

This decentralization permitted recruitment during the quarter in 4 out of the 8 sub prefecture in Kerouane. A total of 691 new members were recruited and collect funds totaling 3,343,300 GNF, which represents a remarkable sum for rural “poor” communities. The summary of the decentralization in Kerouane is presented in the table below.

Sous-préfecture	# of caisses		New members	Dependants	Membership fees
Damaro	Villages	10	218	961	745,200
Komodou	Villages	10	149	400	233,900
Soromara	Villages	10	173	1,181	2,364,200
Banankoro	Villages	10	151	523	0*
Total		40	691	3,065	3,343,300

* Information not available.

In 5 sub prefectures of Kankan, 625 new members have been recruited by the Mutual and 3,047,500 GNF collected. The table below shows the situation in Kankan.

Sous-préfecture	# of caisses		New members	Dependants	Membership fees
Bate Nafadji	Villages	10	157	702	1,024,200
Karfamoriya	Villages	10	170	119	992,000
Tokounou	Villages	10	54	114	230,600
Sabadou Bara	Villages	8	137	741	414,000
Tintioulen	Villages	12	107	300	386,700
Total		50	625	1,976	3,047,500

The same situation is observed in Faranah where, 534 new members were recruited during the quarter and 1,516,850 GNF were collected, as shows in the table below.

Sous-préfecture	# of caisses		New members	Dependants	Membership fees
Banian	Villages	14	190	450	773,600
Heremakonon	Villages	6	41	215	119,450
Beindou	Villages	8	128	653	254,300
Songoyah	Villages	7	95	467	150,900
NYalia	Villages	6	25	57	39,600
Tiro	Villages	9	55	245	179,000
Total		50	534	2,087	1,516,850

In total, during the quarter, 1,850 new members were recruited in 15 sub prefectures out of 32 in Kankan, Kerouane, and Faranah and 7,907,650 GNF collected, that represents a very significant sum of money in the context of Guinean rural population. These results confirm if necessary, that the communities are fully in accordance with the Mutual idea. With the frequent stock-out of medicines, those communities expressed interest in subsidizing the health system in order to better face their needs. PRISM is working with those communities as well as with health authorities to set up a management system that will protect communities' money.

Improvement of community participation in health center management (COGES)

The second strategy that PRISM employs to ensure access to health services is to provide support to revitalize the health committees by developing, testing, and deploying a functional approach to community participation in the co-management of health centers in Kankan, Faranah, and Kerouane.

During the quarter, PRISM continued to strengthen the capacity of communities to address local problems through the community-based institution of the COGES, an important and challenging task in the “fragile state” context of Guinea where the national government cannot meet the needs of the people. Recognizing that COGES members are volunteers with competing demands for their time, PRISM worked during the quarter to maintain their motivation through monitoring visits. Thus, during the quarter, 140 CSCs were visited and their “community mirrors” evaluated. In fact, PRISM supported the communities to create a “community mirror” to monitor the progress in realizing the action plans. It is a simple tool to be used by communities to monitor community-based actors and agents' activities and, also to have a visual representation of principal health indicators at the community level (immunization, child growth monitoring, etc.). Thus, 3 to 6 six months after the strategy was launched the large majority of the community health committees continue to update (to fill) their “mirror” and post them into a visible place at the village.

During the quarter, one community meeting was held in Bate Nafadji, Prefecture of Kankan with the participation of all communities' representatives (CSC and CPSC) as well as health providers (health centers and health post). During the meeting each village presented its health situation, problems encountered, and local solutions found. This participative “experience-sharing” meeting was recommended to be duplicated in other communities. Moreover, during the quarter, PRISM started to support the 38 COGES in aligning its action plans and decisions with the health mutuals, in particular on negotiating the fees for services. The COGES buy-in to any new fee structure is critical to the use of the health center by the community and to ensure it is applied. Thus, one of the important members of the 38 COGES created with PRISM's support is now the representative of the health mutual, and PRISM worked to ensure that mutuals are represented on the committees.

During the quarter, negotiations were launched between the Mutual, COGES, and health authorities (health centers, health posts, Hospitals, regional, and prefectural directorates) in order to have the mutual supporting SDPs re-stocking of medicines. PRISM will reinforce, during the next quarters, its efforts to ensure the full awareness of this approach by health and administrative authorities in Upper Guinea.

IR2 – Improved QUALITY of reproductive health services

PRISM's new support to strengthen the quality of RH services focuses on two themes: (1) the supervision/post training activities (for PAC especially) and (2) the devolution of the national health management information system (SNIS) developed since the Project inception.

Quality Standards and Services:

- Strengthening quality services at the service delivery points through the supervision and adaptation of RH curricula when necessary;
- Follow up PAC activities;
- Devolution of the MIS system. This includes assistance and training to the central level of the MOH, to the DRS, and the DPS in collecting and using data for decision making, and in developing periodic HIS reports.

RH Standards, Procedures, and Reference Protocols

Update the Family Planning training curricula

During this follow-on Project, integration of family planning and STI/AIDS prevention at the health post level is one of the major objectives of PRISM, and the training of the providers at these health posts. The official training curriculum in FP and STI prevention required a 2-3 week workshop, and the displacement of the provider from their sites during this period. However, in Guinea, the health posts usually have only one provider, and it becomes ineffective to move this agent during 2-3 weeks and close the site. Taking into account this situation, the PRISM Project, in collaboration with regional and prefectural health authorities decided to re-examine, during the quarter, the training curriculum in order to make it less disruptive without deteriorating the quality of the training. During the workshop, key topics were selected (prevention of infections, the ICP/counseling, etc.) and the duration of the training was reduced to 6 days. The session plans were then developed and tested before being validated by the regional and prefectural health authorities. Copies of the new curriculum as well as the session plans are available at the DRS and DPS level in Upper Guinea.

Strengthening Supervision

Technical, financial and logistical support is given regularly to the DPS and DRS to support facilitative supervision. During the quarter, all 109 health centers and 9 maternities in Upper Guinea were supervised directly by the Project's staff and/or by the health authorities. During the supervision, a joint review is organized, between supervisees and the supervisors, to discuss progress and identify problems. These elements are contained in the form, "*Monitoring and supervision of HC*" that brings together in a structured way a summary statement of the problems, the concrete actions to solve them, the name of the person responsible for completion of each action and the deadline.

This document becomes a kind of "problem resolution plan" specifically for the HC and represents the principal supervision monitoring tool by the center itself and its supervisors. This form is an integral part of the supporting documents that allow access to funding.

Post-Abortion Care

Since 2001, the PRISM project has gradually integrated a program of Post-Abortion Care (PAC) in collaboration with JHPIEGO in the maternities of the nine hospitals in the project's intervention zones and in the health center of Banankoro. The program's objective is to improve the quality of the post-abortion care for women to reduce maternal deaths and to prevent repeated cases. During the quarter, one post training monitoring visit was carried out in the 10 health facilities offering these services to monitor the availability, quality, and use of services in the field. It was observed that, during the quarter, 139 out of 167 women having received post-abortion care accepted a family planning method -83%- and that only 2 complications occurred after "*Aspiration Manuelle Intra Utérin*" (AMIU) (1.2%). The maternities of Dabola and Kouroussa have the weakest FP acceptance rates, respectively 46% and 56% (see table below).

Result of the Post-Abortion Care services (PAC) during the period from October to December 2005

<i>Facilities</i>	<i># Cases</i>	<i># complications on arrival</i>	<i>Types complications of complications</i>	<i>Complication on leaving</i>	<i># Acceptors of FP</i>	<i>%</i>
Hop. Kankan	42	1	1 Hemorrhage	0	32	76
Hop. Kérouané	6	0	-	0	6	100
CSA Banankoro	4	1	Hemorrhage	0	4	100
Hop. Mandiana	3	1	Hemorrhage	0	3	100
Hop. Kouroussa	6	1	Infection	0	4	67
Hop. Siguiri	10	0	-	0	7	70
Hop. Faranah	49	5	3 Hemorrhages 2 Infections	2 Infections	49	100
Hop. Kissidougou	18	0	-	0	18	100
Hop. Dinguiraye	9	9	Hemorrhage	0	5	55
Hop. Dabola	20	3	2 Hemorrhages 1 Infection	0	11	55
TOTAL	167	21	-	2	139	83%

Devolution of the National Health Management Information System

After the installation of the application developed for managing a health facility's routine information (RAMCES) in the nine DPS in the intervention zones, during the quarter the user's guide as well as the training curriculum and the "read me first" document were developed and tested with the DPS team members. In the same way, the geographical information system developed by the PRISM project at the end of the year 2004 was packaged to be transferred to the health authorities and USAID. These two applications will be officially transferred during the next quarter.

IR3 – Increased DEMAND of reproductive health services

The PRISM Project approach to increase demand for RH services in HG is to simultaneously (1) improve client-provider interaction (IPC), (2) conduct health promotion interventions, and (3) improve IEC management, delivery capacity and sustainability. Specifically, this includes:

1. Improving Coordination of IEC Programs

- Assistance in developing national and regional IEC strategies and protocols, action plans and IEC working groups.

2. Strengthening Client-Provider Interactions

- Develop, produce, and distribute new or existing IEC materials, and
- Train service providers in counseling.

3. Conducting Health Promotion Interactions

- Hold large and highly visible IEC activities,
- Carry out advocacy efforts at the community level and community mobilization, and
- Award small IEC grants to local NGOs

4. Improving IEC Management and Delivery Capacity

Train IEC managers/providers and provide them with regular TA.

IR3: Principal activities and results

- One workshop to design “messages” for IEC activities related to Family planning and STI prevention held; “messages” tested and validated;
- Three (3) “*tables rondes*” focusing on cervical cancer screening activities organized;
- Thirteen (13) radio broadcasts made on interpersonal communication focusing on Providers; These programs were diffused by the 6 community-radio available in UG;
- 27 CPSC members oriented to support the “community mirrors” as well as “*caisses communautaires*”
- 120 villages covered by the program to raise awareness on “*caisses communautaires*”;
- Organization of 10 events to raise the general public’s awareness of family planning and STIs/HIV/AIDS prevention.
- An educational video on HIV and undesired pregnancies in the mining zones finalized; The survey on the impact of the project on the community and religious leaders finalized;
- Reproduction of 2,000 copies of the brochures “VIH/SIDA”, 200 copies of the brochures “Pour Aider à espacer les Naissances”, and 200 copies of “Famille Planifiée, famille heureuse”.
- Distribution of 1200 books on modern methods of contraception.

Context

Many results of surveys recently carried out in the PRISM zone reveal that the increase of the use of modern contraceptives is lower than expected. Many reasons may explain this situation. But the main reasons generally noted are (1) the inefficiency of the approaches and applied strategies and, (2) the very general and sometimes outmoded nature of certain conveyed messages as well as the use of dated materials. Taking into account this picture and in order to improve the IEC performance, the Project organized during the quarter a workshop in Dabola with the participation of relevant partners in the area in order to develop new messages, strategies and materials in Family planning and STI/AIDS prevention.

This workshop had the following goals:

- Review survey results (Example: DHS, PRISM HH survey, etc.) and identify obstacles to the wide diffusion of family planning and STI/AIDS prevention services;
- Prioritize problems and identify primary, secondary, and tertiary targets of interventions ;
- Define the communications objectives and;
- Elaborate messages taking into account identified obstacles.

The participants from different organizations agreed with a list of 24 key messages targeting woman in age of procreation, couples, health providers, community leaders (religious and administrative) as well as school teachers. During the workshop, a narrative of elaborated strategies was developed which included a training approach, “plea approach” and the community mobilization approach. The communication strategy and messages will be widely diffused and used during the next quarters to improve the demand for family planning and STI/AIDS prevention services. The full report of the workshop is attached (or is available, upon demand).

Production of radio broadcasts to support cervical cancer screening activities

The cervical cancer screening program includes several activities including a significant community mobilization program to widely inform and encourage a greater number of women to be proactive and get tested early. Previous to the launching of the program in Upper Guinea, the PRISM Project carried out during the quarter, a series of radio broadcasts in collaboration with the rural stations of radios of Kankan, Siguiri, and Faranah. In these radio messages, people who were already diagnosed or successfully treated told their stories and invited other women to follow their example. As a result, three « *tables rondes* » were recorded on cassette and are ready for diffusion in Kankan, Siguiri and Faranah. These cassettes will be diffused during the next quarter as soon as the providers are trained.

Support of the Regional and Prefectoral IEC groups

To facilitate the development and realization of their activities, regional and prefectoral IEC groups established in Upper Guinea, regularly solicit the project's technical support. During the quarter, the project supported 9 IEC local groups out of 9 targeted to develop their work plans to support the RH services integration in Upper Guinea. These quarterly work plans include the organization of community events (such as football games and films related to the consequences of STI/AIDS) as well as technical support to the DPS in Upper Guinea. The table below shows that 9 work plans were developed by the regional and prefectoral IEC groups that were supported by the Project during the quarter.

IEC Groups	Targeted IEC groups for the quarter	IEC groups supported during the quarter	Annual target
Kankan	1	1	3
Mandiana	1	1	3
Kouroussa	1	1	3
Dinguiraye	1	1	3
Siguiri	1	1	3
Kérouané	1	1	3
Dabola	1	1	3
Faranah	1	1	3
Kissidougou	1	1	3
TOTAL	9	9	27

Diffusion of IPC/Counseling emissions by rural community-radio focusing on health providers

Considered by many professionals as being one of the biggest obstacles to the widespread utilization of family planning and STI prevention service in rural Guinea, interpersonal communication and counseling (IPC/C) was reinforced by the Project during the quarter. This reinforcement was focused on the interactions between clients and providers and was executed by the wide diffusion of 13 emissions by community rural radio stations. Those emissions are developed as "long distance training" of health providers to help them to follow the protocol of "good IPC/Counseling" when offering FP and STI/AIDS services. Specifically, the following themes were addressed: discretion, how to help a potential client to choose a family planning method and how to help regular users encourage non users to take advantage of family planning services and STI prevention.

Also, in order to evaluate the impact of such emissions, a simple tool was developed by the project and distributed to the SDPs, enabling them to measure the new recruitment rate based on the information heard from the rural radio program. Later this FY, these tools will be collected and analyzed and the results will be diffused.

Promotion of the « *caisses communautaires* »

As the decentralization of the "*Caisses Communautaires*" is a very recent strategy developed in Upper Guinea (and in Guinea), the promotion of the approach was necessary to offer rural populations the maximum information before adhering to it. During this quarter, the PRISM Project organized a session of orientation for 27 CPSC's members deployed in the Faranah Prefecture to help them promote the approach in their communities. Trained and equipped, these CPSC members covered a significant number of villages and organized community mobilization in favor of these "*caisses communautaires*". The positive results of the effort have been presented in the first section of the report. This activity will be maintained and expanded during future quarters to the entire CPSC deployed in Kankan, Faranah and Kerouane Prefectures.

Promotion of the « *community mirrors* »

The "community mirror" helps the communities to summarize and benefit from all the information related to the activities executed by the whole community-actors deployed locally. Like a dashboard, the "community mirror" also serves to identify the communities' responsibilities in addressing local health problems and monitoring the progress of interventions. As for the promotion of the "*caisses communautaires*", the PRISM Project oriented and supported the CPSC's members to popularize those "community mirrors". During the quarter, several localities were covered in terms of promotion and the use of the tool is progressive.

Promotion Events around Health Posts recently integrated with Family Planning and STI/AIDS prevention services

The full integration of family planning and STI/AIDS prevention services at the health post level received intensive promotional support through the implementation of IEC events around each integrated site. This community mobilization, adapted to the realities of each community, exposed the target populations to the full selection of information and services available at the health post. These events were realized in all of the villages covered by the 10 recently integrated health posts in the Faranah Prefecture. Thousands of people were reached by these events, generally carried out in Malinke, the local language, with adapted materials.

Production/reproduction and distribution of IEC materials and tools

During the quarter, to support IEC activities, different materials (such as brochures and posters) were produced and distributed to the population and health providers. Thus, during the quarter, 2,000 copies of the "VIH/SIDA" brochures, 200 copies of the "Pour Aider à espacer les Naissances" brochures, and 200 copies of the "Famille Planifiée, famille heureuse" brochures were reproduced and distributed to the health centers, health posts, and maternities as well as to other potential clients of family planning

and STI prevention services in Upper Guinea. Also during the quarter, 1200 books on modern methods of contraception were distributed to the SDPs in Upper Guinea.

Finalization of the Video on HIV and undesired pregnancies in the mining zones and the survey on the impact of the project on community and religious leaders

During the quarter, JHU/CCP submitted to the Project the following deliverables: (1) the Video on HIV and undesired pregnancies in the mining zones and (2) the results of the survey on the Project's impact on community and leaders religious since its inception. A copy of each is attached to this report. In the next quarters, the project will use the recommendations presented in the report to fine tune its current communications strategy in the mining zones, while the video will be duplicated and distributed to counterparts in the field.

IR4- Improvement of COORDINATION

PRISM's approach to improve coordination of RH interventions is to participate actively and to support existing coordination processes, and to promote when needed the creation of new but sustainable mechanisms, particularly at the decentralized level. Specifically, this includes:

At the decentralized level

- Support the establishment, functioning and actions of RH Regional Working Groups;
- Support the preparation and participate in the CTPS and CTRS meetings;
- Strengthen the managerial capacity of DRS/DPS, with an emphasis on their supervision activities.

At the institutional level

- Review the project's activities, results and achievements with the MOH and USAID
- Participate to the extent possible in the development of health related policies at the central level;
- Plan and implement interventions with RH partners in the field.

IR4: Principal activities and results

- Support the supervision management activities carried out during the quarter in 2 DRSs and 9 DPSs.
- Support immunizations activities in Kankan
- Support the organization of the "*Atelier National sur l'Assurance de la qualité des soins*" in Kankan
- Support the PNDS's dissemination and elaboration of regional annual work plans
- Participation in the presentation of ADRA's "Health project" in Siguiri

Support immunizations activities in Kankan and Faranah

During the quarter, the PRISM project provided technical and logistical support to the regional directorates of Kankan and Faranah while supervising the 8th National Vaccination Campaign initiated by the Ministry of Public health. Following the various preparatory meetings, supervision teams of health districts were established, and PRISM supported the regional directorates in monitoring the campaign. Also, through the “community mirrors” developed by the Project, health authorities were able to identify and cover all villages including the habitual “shadow zones”.

Participation in the “Atelier d’adoption du Programme National d’Assurance de la Qualité des soins et services” held in Kankan

With WHO’s financial support, the workshop for the adoption of the “*Programme National d’Assurance de la Qualité des soins et services*” was held in Kankan from December 27 to 30, 2005. Various executive officers at the central, regional and prefectural levels of the MOH as well as partners in the field participated in this workshop. The principal objective was to finalize the draft developed with PRISM’s technical support and make recommendations.

Participation in the “Plan National du Développement Sanitaire-PNDS” dissemination

During the quarter, the MOH organized the dissemination of the “*Plan National de Développement Sanitaire -PNDS*” as well as the development of the work plans for 2006 in the Kankan and Faranah regions. The PRISM project, a key partner of the regional Directorates, brought for this purpose technical support to efficiently develop the annual work plan for each regional directorate including the entire activities deployed by various partners in the field.

Coordination with partners

Collaboration between PRISM and other intervention partners in the health sector has continued throughout this year.

With Africare, a Memorandum of Understanding for the implementation of community based distribution of oral contraceptive in Dabola and Dinguiraye was prepared and discussed. During the quarter, the parties agreed on the MOU and PRISM signed the agreement. Trainings were organized in Dinguiraye and Dabola both for Africare’s employees and community agents.

HKI continues to maintain its regional representation in Kankan in the PRISM office;

Agreements were made with Save the Children for the expansion of oral contraceptive community-based distribution in Kouroussa and Mandiana. Trainings were organized for Save the Children's "supervisors" and Mandiana DPS's staff.

Over the quarter, PRISM also participated in a workshop organized by ADRA with the participation of other partners to present its health work plan in Siguiri for FY06.

CONCLUSION

The results obtained by the PRISM Project during this quarter were mainly higher than targeted. All of the targets fixed for the quarter were exceeded and for certain indicators the target for the fiscal year is close to being met.

For instance, the number of couple years protection (CYP) obtained during the quarter was 4,017 for a target of 20,000 for FY06. This result is very interesting since almost half of the Health Posts were either not integrated or just recently integrated and did not report activities yet. The level of this indicator will thus continue to increase during the next quarters with the combination of various efforts carried out by PRISM: integration of several health posts, training and deployment of 300 new CBD agents for the oral contraceptive distribution, probable integration of new sites in IUD combined to the full availability of contraceptives at all levels of SDPs. The rate of recruitment reached 11,1% during the quarter, higher than the target for the fiscal year of 10%. In parallel, the utilization rate reached 27%, almost double of the target fixed for the fiscal year of 15%. The integration of health posts has already doubled, increasing from 47% to nearly 80% during the quarter (the target for FY is 100%). This process will continue with the same level of effort during the next quarter in order to reach this annual target as soon as possible, probably during the next quarter. Moreover, the percentage of health centers integrated with FP and STI prevention was maintained during the quarter at 100%, the target for the FY06, while the recruitment rate for mutual reached 3% and the cover rate 4%. As of September 2005, the percentage of PAC cases having obtained counseling was 94%; during the quarter, this rate reached 100%, while the acceptance of family planning rate reached 83%.

The progress made by the Project during this quarter forms a promising basis to reach the end-of-Project targets specified in PRISM's revised and approved work plan in September 2005. The results are significant given the current Guinean context and the stage of development of the health program. However, those progresses are also very fragile and require continued TA to be sustainable.

The results reported and reviewed in this report must also be understood against the background of a rapidly changing environment which caused the Project to shift part of its technical focus. This technical (and budgetary) adjustment also required the shift of the location of the project technical staff, reducing the Conakry office to an administrative liaison office, closing the Faranah office, and expanding the Kankan office to include the Project technical and administrative leadership as well as all the technical staff. Much of the technical and managerial improvements made over the quarter were supported by a very effective, focused, and useful follow on proposal and the grateful support of USAID. On-going collaboration with both USAID and the MOH has proven to be valuable to the project's daily implementation. The Project's direction will work to preserve this positive collaboration over the next quarters.